



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Eider Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: fsb@idhw.state.id.us

October 17, 2007

Blake Crockett, Administrator  
Warren House  
1301 Bennett Street  
Burley, ID 83318

License #: RC-579

Dear :

On September 25, 2007, a Fire Life Safety Survey was conducted at Warren House. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Eric Mundell, Health Facility Surveyor, Facility Fire, Safety, and Construction Program, at (208) 334-6626.

Sincerely,

ERIC MUNDELL  
Team Leader  
Health Facility Surveyor  
Facility Fire Safety & Construction Program

EM/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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October 5, 2007

Blake Crockett, Administrator  
Warren House  
1301 Bennett Street  
Burley, ID 83318

Dear Mr. Crockett :

On September 25, 2007, a Fire Life Safety Survey was conducted at Warren House. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by October 25, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES  
Supervisor  
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13R579</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - ENTIRE BUILDIGN</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/25/2007</b>
NAME OF PROVIDER OR SUPPLIER  <b>WARREN HOUSE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1301 BENNETT ST BURLEY, ID 83318</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on September 25, 2007.</p> <p>The surveyor conducting the survey was:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety &amp; Construction Program</p>	R 000		

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

BKW321

If continuation sheet 1 of 1



**BUREAU OF FACILITY STANDARDS**  
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**Boise, ID 83720-0036**  
**(208) 334-6626 fax: (208) 364-1888**

ASSISTED LIVING  
Non-Core Issues  
Punch List

## NON-CORE ISSUES

Response Required Date 10/25/07	Signature of Facility Representative X Jommie Dean, R.D.	Date Signed
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